

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number Q92435  Confirmation Number 3798																									
<b>FY 2009</b>																											
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>																											
Application Number    10/562,687		Filing Date    December 28, 2005																									
For    EQUOL-PRODUCING LACTIC ACID BACTERIA-CONTAINING COMPOSITION																											
Art Unit    1651		Examiner Name    Irene MARX																									
<b>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</b>																											
<b>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</b>																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> <td style="text-align: center;"><u>\$130.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> <td style="text-align: center;"><u>                  </u></td> </tr> <tr> <td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110.00</td> <td style="text-align: center;">\$555.00</td> <td style="text-align: center;"><u>                  </u></td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730.00</td> <td style="text-align: center;">\$865.00</td> <td style="text-align: center;"><u>                  </u></td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350.00</td> <td style="text-align: center;">\$1175.00</td> <td style="text-align: center;"><u>                  </u></td> </tr> </tbody> </table>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	<u>\$130.00</u>	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	<u>                  </u>	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	<u>                  </u>	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	<u>                  </u>	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	<u>                  </u>
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<input type="checkbox"/> Previous Payment Amount		Date Submitted _____																									
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																											
<input type="checkbox"/> A check in the amount of the fee is enclosed.																											
<input checked="" type="checkbox"/> Payment by credit card.																											
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																											
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.																											
I am the <input type="checkbox"/> applicant/inventor																											
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.																											
<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).																											
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>57,426</u>																											
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.																											
<input type="checkbox"/> Registration number if acting under 37 CFR 1.34																											
WASHINGTON OFFICE <b>23373</b> CUSTOMER NUMBER																											
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <u>/Hui C. Wauters/</u> Signature		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <u>June 23, 2011</u> Date																									
<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <u>Hui C. Wauters</u> Typed or printed name		<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <u>(202) 293-7060</u> Telephone Number																									
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																											
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.																											